

**City of Riverside
Kaiser Options
January 1, 2009**

	KAISER	KAISER	KAISER
Benefits	<i>Preferred (High)</i> HMO PROVIDER	<i>RENEWAL OPTION</i> <i>Standard (Midway) Option HMO 15</i> HMO PROVIDER	<i>Value (Low)</i> HMO PROVIDER
Annual Deductible (Individual / Family)	None	None	None
<i>Physician Services</i>			
Office Visits	\$5	\$15	\$20
Prenatal / Postnatal Care	\$5	\$15	No Charge
General Lab, X-Ray, and Diagnostic	No Charge	No Charge	No Charge
<i>Preventive Service</i>			
Routine Physical Exams (Schedule Limits May Apply)	\$5	\$15	\$20
Well Baby Care (Schedule Limits May Apply)	\$5	\$15	No Charge
<i>Prescription Drugs</i>			
Generic / Brand / Non-Formulary	\$5 (100 Days)	\$10 / \$20 (30 Days)	\$10 / \$20 (30 Days)
<i>Hospital Services (Prior Authorization)</i>			
Inpatient, Semi-Private Room	No Charge	No Charge	\$250 Per Admission
General Lab, X-Ray, and Diagnostic	No Charge	No Charge	No Charge
Outpatient Surgery	\$5	\$15	\$20
<i>Emergency Services</i>			
Emergency Room (True Emergency)	\$35	\$50	\$100
Ambulance	No Charge	\$50	\$50
<i>Mental and Nervous Services - Severe</i>			
Inpatient	No Charge	No Charge	\$250 Per Admission
Outpatient	\$5	\$15	\$20
<i>Substance Abuse Services</i>			
Inpatient	No Charge	No Charge	\$250 Per Admission
Outpatient	\$5	\$15 / Visit	No Charge \$20 / Visit
<i>Miscellaneous</i>			
Chiropractic	\$5 / Visit (30 Visits Per Year)	\$5 / Visit (30 Visits Per Year)	Not Covered
Durable Medical Equipment	No Charge	No Charge	20%
<i>Out-of-Pocket Maximum</i>			
Individual / Family	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,500 / \$3,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited